

# Implementation of the Early Childhood Systems of Care Assessment Tool

Douglas, Lancaster, and Lincoln Counties

Nebraska-Maternal, Infant  
& Early Childhood  
Home Visiting

University of Nebraska –  
Lincoln, Extension Office

Nebraska Department of  
Health and Human Services



## **TABLE OF CONTENTS**

Acknowledgments .....	3
Purpose.....	4
Data collection methods.....	5
Sample.....	5
Data collection .....	5
Analysis.....	6
References.....	6
Douglas county .....	7
Procedures and participants .....	7
Priority areas identified.....	7
Recommendations .....	9
Lancaster county .....	10
Procedures and participants .....	10
Priority areas identified.....	10
Recommendations .....	13
Lincoln county .....	14
Procedures and participants .....	14
Recommendations.....	15
Appendix A.....	16
Parent survey.....	16
Appendix B .....	19
Community Early Childhood System of Care (ECSOC) Self-Assessment .....	19

---

## ACKNOWLEDGMENTS

---

Thank you to the Together for Kids and Families Mental Health Workgroup for their work to develop Nebraska's Early Childhood Integrated Skills and Competencies for Professionals; this document was originally released in 2012. Since the release, professionals in each discipline voiced interest in the tool; based on this feedback, the Mental Health Workgroup recommended a next step to identify key indicators within each competency and to develop a self-assessment tool.

This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number: X02MC23116 and title: Affordable Care Act (ACA) Maternal, Infant and Early Childhood Home Visiting Program at 100%. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

### *Project Team:*

Tonia Durden- University of Nebraska –Lincoln (project leader)  
Ann Matthews –University of Nebraska-Lincoln (Project Graduate Assistant)  
Leslie Crandall- University of Nebraska- Lincoln (Extension coordinator/West Central)  
Roxanne Harris –University of Nebraska-Lincoln (Project Manager)  
Cara Small- Early Learning Connection Coordinator ESU 6  
Traci Penrod McCormick, LCSW, LIMHP (Douglas/ Local Liaison)  
Cheryl Roche, Early Learning Connection Coordinator ESU 16 (Lincoln Co/Local Liaison)

For more information, contact Jennifer Auman, (N-MIECHV) Program Coordinator at (402) 471-1938, [jennifer.auman@nebraska.gov](mailto:jennifer.auman@nebraska.gov).

*\* This report details how each project deliverable was met over the course of the contractual agreement between UNL Extension and the Nebraska Department of Health and Human Services. Any questions or requests about the information contained in this report should be sent to Dr. Tonia Durden at [tdurden2@unl.edu](mailto:tdurden2@unl.edu) or by phone at 402-472-6578.*

## **PURPOSE**

---

The purpose of the Phase II project was to build upon the findings from Phase I of the Early Childhood Systems of Care (ECSOC) project ([Phase I Report](#) previously published).

Within the interim of Phase I and Phase II, Dr. Durden and project team members met with the following entities to share and discuss Phase I results:

- Douglas County Health Department, Community Health Improvement Plan (CHIP) Steering Community (July 8, 2014)
- Together for Kids and Families, Mental Health Workgroup (July 18, 2014)
- Region 6 Behavioral Health Care (August 15, 2014)
- Douglas County Board of County Commissioners (August 26, 2014)

The following are corresponding deliverables for Phase II as agreed upon by the University of Nebraska Lincoln (UNL) and Nebraska Department of Health and Human Services (DHHS):

### **Douglas County:**

- Expand parent survey to target diverse and immigrant/refugee families and service providers (translate survey accordingly). Target will include families of affiliate service agencies such as Heartland Family Services, YMCA, Lutheran Family Services, Early Childhood Services Program, etc.
- In partnership with Douglas County Early Childhood mental health therapists and coalition groups, identify target audience and topic area(s) for educational outreach as gleaned from Phase I data and county initiatives.

### **Lancaster County:**

- Expand parent survey implementation to diverse and immigrant/refugee families and service providers (translate survey accordingly). Target will include families of affiliate service agencies such as Center for People in Need, Educare of Lincoln, El Centro de las Americas, etc.
- Begin to develop a directory of early childhood mental health practitioners and agencies.

### **Lincoln County:**

- Implement parent survey county wide to gather a representative sample (include family child care) and compare results to the ECSOC parent sample.

## DATA COLLECTION METHODS

---

### SAMPLE

---

A focus of Phase II data collection in all three counties consisted of expanding the ECSOC parent survey (See Appendix A) to diverse families within the targeted counties. Project team members in each county developed the sampling frame (Dillman, Smyth, & Christian, 2009) from a list of entities within each community serving families of young children, age birth through 8 years. Within this sampling frame, a purposeful sample (Creswell, 2005) was identified as entities that served immigrant, refugee, and culturally and linguistically diverse children and families.

In Douglas County, project team specifically targeted entities and organizational leaders whose expertise and initiatives focused on early childhood behavioral/mental health education and services to begin the planning process of outreach services of priority areas identified in Phase I.

A sample of organizational entities and professionals who provide early childhood and/or family behavioral health services and consultation in Lancaster County were compiled beginning first with individuals who participated in Phase I of the ECSOC project.

### DATA COLLECTION

---

Using the basic tenants of the ECSOC Tool developed by the Together for Kids and Families (TFKF) Mental Health Work Group, the parent survey was widely disseminated in the 3 counties over the course of six weeks. Surveys were administered in person (parent meetings, home-based and center-based childcare facilities; one-to-one consultation, community centers, etc.).

The printed survey was made available in Spanish, and in partnership with collaborating agencies, verbal translation in Arabic and Spanish was available as well. Ethnic populations reached included African American, Caucasian, Latino/a, Karen, Somalian, and Middle Eastern.

A total of 420 surveys were distributed and 254 surveys were collected. Of parents surveyed, the average number of children per family was 2.8 with the majority of children aged birth to 3 years. Zip code data was collected from each county and an analysis can be conducted upon request.

The following summarizes data collected per county:

#### **Douglas County: n=126**

Parent Survey Distribution Sites (n=140):

Kellom Elementary and Conestoga Magnet Early Childhood Programs, Westside-Underwood Hills Child Care Center and the Omaha Learning Center.

**Lancaster County: n=52**

Parent Survey Distribution Sites (n=150):

Child Guidance Center

Lincoln Action Program

**Lincoln County: n=76**

Parent Survey Distribution Sites (n=150):

Kids First Preschool program; Jack and Jill Daycare; Old McDonald Preschool, Family Home Providers (2); ELG Class\*

\* *Class participants who completed survey were parents of young children Birth-8.*

## ANALYSIS

---

The project team members reviewed data sets for each county separately. Frequency counts were conducted to isolate areas that were given low ratings for degree of availability (none) and high ratings for priority (3 and 4).

The priority areas were then identified based on survey results in each county.

To develop a directory of early childhood mental health practitioners and agencies serving Lancaster County, a document review and analysis was conducted using information collected from the Lancaster stakeholder meetings during Phase I. Categories of early childhood services were established using stakeholder information and a service search was conducted for each category.

## REFERENCES

---

Creswell, J. (2005). *Educational Research: Planning, Conducting, and Evaluating Quantitative and Qualitative Research* (2<sup>nd</sup> ed). Columbus, OH: Pearson Merrill Prentice Hall.

Dillman, D. A., Smyth, J. D., Christian, L. M. (2009). *Internet, Mail, and Mixed-Mode Surveys: The Tailored Design Method* (3<sup>rd</sup> ed). Hoboken, NJ: John Wiley & Sons.

## DOUGLAS COUNTY

---

### PROCEDURES AND PARTICIPANTS

---

The following procedures occurred in Douglas County:

1. Local liaison began discussions with Kidsquad and other agencies to discuss scheduling parent education trainings focused on identifying and accessing quality childcare programming and services. Included in these discussions were plans to disseminate the latest white paper *Early Childhood Mental Health Services (3<sup>rd</sup> Edition)* and other applicable resources to parent education groups (i.e. Extension led parent education groups; Circle of Security parenting groups, etc.)
2. Project team distributed 140 surveys to parents (126 collected) specifically targeting programs serving culturally and linguistically diverse children and families.
3. Educational outreach and discussion of Phase I and II project activities was conducted with the following entities in Douglas County:
  - Douglas County Health Department, Community Health Improvement Plan (CHIP) Steering Community
  - Region 6 Behavioral Health Care
  - Douglas County Board of County Commissioners

### PRIORITY AREAS IDENTIFIED

---

The following chart represents findings from Phase II of the project. Phase II responses build upon the categories identified in Phase I.

**Priority Areas Identified by Parents:**

<b>Priority Area</b>	<b>Percentage of Parents Reponses as No-services and/or knowledge</b>	<b>Percentage of Parents rated 3 or 4 as level of importance.</b>
Did anyone share with you what to look for in childcare? What makes a good child care program and why it is important?	37%	79%
Are you aware of services for the following needs? Respite Care	40%	49%

Respite Care	67%	38% 33% (No response)
Support for parental mental health concerns or substance abuse	63%	40%
Support for concerns with your child's behavior or mental health	57%	43% 30% (No response)
Mental health or behavioral health consultation or problems in child care	60%	40% 33% (No response)
Group parenting classes for children behavior difficulties ( <i>Priority unique to Phase II results</i> )	47%	43% 33% (No response)



The following is a summary of the top priority areas identified based on Phase I and II data:

Accessibility of the following services:

- Respite Care
- Support for concerns with your child's behavior or mental health
- Mental health or behavioral health consultation or problems in child care
- Group parenting classes for children with behavior difficulties

### **RECOMMENDATIONS** (Based on Phase I and II results)

---

- Media campaign focused on respite care services, quality child care availability, and support for child's behavioral or mental health.
- Hold focus groups with families to identify specific areas of interests and needs in identified priority areas.
- In partnership with Douglas County Early Childhood mental health therapists and coalition groups, develop educational workshops on the following suggested topics:
  - How to identify and access quality childcare
  - Mental health supports and resources for the entire family (parent and young child)- this workshop could be available and modified for both parent and care provider audiences
  - Early Childhood Mental Health messaging and resources-targeted for medical professionals
  - Help develop a community of practice or online repository for home visitors to access resources and educational ideas to share with the families they serve on how to support their child's social and emotional well being

## LANCASTER COUNTY

---

### PROCEDURES AND PARTICIPANTS

---

The following procedures occurred in Lancaster County:

- Organizations serving young children and their families contacted for survey dissemination and collection: Child Guidance Center, Lincoln Action Program, Ruth Staples Child Development Lab and Lincoln Public Schools.
- Project team disseminated 150 surveys during one-on-one visits with families at the Child Guidance Center and Lincoln Action Program; 52 surveys were completed.
- Written surveys in English and Spanish were collected, as well as verbal surveys utilizing translators in Arabic.
- Project team also began the development of a directory of early childhood mental health practitioners and agencies servicing children and families primarily in the Lancaster area (see Appendix C).

### PRIORITY AREAS IDENTIFIED

---

The following chart builds upon the priority areas identified by stakeholders and parents in Phase I of the project. The results represent the percentage of parent responses during Phase II. Parent survey questions are in bold.

## LANCASTER COUNTY PRIORITY AREAS

Priority Areas	Percentage of Parents Responses as No-services and/or knowledge	Percentage of Parents rated 3 or 4 as level of importance.
<p>Routine child/developmental screenings include social/emotional health and development, and mental health for <b>infancy</b>.</p> <p><i>Was your child screened for social-emotional, behavioral, or mental health (i.e. making friends, smiling, uncontrollable tantrums, having conversations, trying new things, aggression)?</i></p>	28%	73%
<p>Parents are educated on the importance of early development including social-emotional development for <b>prenatal</b> (e.g., attachment and bonding)</p> <p><i>Have you received information about your child's social emotional development (i.e. attachment, bonding, making friends, problem solving, eye contact, smiling, etc.) before they are born?</i></p>	40%	73%
<p>Parents are educated on characteristics of high quality childcare for <b>prenatal</b>.</p> <p><i>Did anyone share with you what to look for in child care? What makes a good child care program and why it is important?</i></p>	48%	60%
Priority Areas	Percentage of Parents Responses as No-services and/or knowledge	Percentage of Parents rated 3 or 4 as level of importance.
<p><u>Knowledge</u> of mental health consultation availability in child care and school settings for <b>infancy &amp; preschool</b>.</p>	40%	60%
<p><u>Access</u> to mental health or behavioral consultation for problems in child care or school settings for <b>infancy &amp; preschool</b>.</p>	93%	<p>40% (3 or 4)</p> <p>33% (No response)</p>

Group education and parent networking opportunities available for parents of young children to support children with social-emotional problems during <b>infancy</b> .  Group parenting classes for children with behavior difficulties.	94%	36% (3 or 4)  40% (No response)
Schools and community staff are well versed in identifying social-emotional red flags and referring for assessment during <b>infancy</b> .  <i>Do you feel your school or child care is aware of how to identify behavioral or social-emotional issues in children?</i>	10% (No)  67% (Yes)	65%

*\*The following are priority areas identified for the Phase II parent sample only. Phase I parent data not calculated due to low participant sample.*

Priority Area	Percentage Parents Responses as No-services and/or knowledge	Percentage Parents rated 3 or 4 as level of importance.
Are you aware of <b>Respite</b> services in your area?	73%	50%

Do you **access** any of the following services? :

Respite Care	94%	33% (3/4) 39% (No Response)
Support for parental mental health concerns or substance abuse	78%	40% (3/4) 39% (No response)
Individual parent-child therapy	92%	40% (3/4) 36% (No response)

The following is a summary of the top priority areas identified based Phase I and II data:

- Parent education about characteristics of quality child care;
- Group education and parenting networking opportunities available
- Education and opportunities available for parents of young children to support social/emotional health in children;
- Opportunities for information of mental health and behavioral health consultation services.
- 

#### **RECOMMENDATIONS** (Based on Phase I and II Results)

---

- Convene and establish a Lancaster County Early Childhood Mental Health Consortium to focus specifically on addressing priority areas, implementing action plans and reviewing county level directory data.
- Hold focus groups with families to identify specific areas of interests and needs in identified priority areas.
- Translate written survey into Arabic.
- Implement ECSOC focus groups with medical professionals (i.e. pediatricians, nurses, obstetricians, etc.) in partnership with entities such as Nebraska Association of Infant Mental Health (NAIMH)

## LINCOLN COUNTY

---

### PROCEDURES AND PARTICIPANTS

---

- The following procedures occurred in Lincoln County:
- Project team connected with early care and learning representatives and distributed 150 surveys to locations such as home based childcare, preschool programs and early learning educational trainings. 76 parent surveys were collected and analyzed.

*\*Priority areas identified in the chart below build upon areas identified in Phase I of project.*

Priority Areas	Percentage of Parents Responses as No-services and/or knowledge	Percentage of Parents rated 3 or 4 as level of importance.
Substance abuse screening as part of routine prenatal and ongoing health care <i>Were you ever screened or asked about using drugs?</i>	39%	79%
Depression screening part of routine prenatal and postpartum health care <i>After you had your baby, did anyone screen or ask you questions about post-partum depression?</i>	42%	82%
Parents are educated on the importance of early development including social-emotional development (e.g. attachment and bonding) during infancy. <i>Have you received information about your child's social/emotional development (i.e., attachment, bonding, making friends, problem solving, eye contact, smiling, etc.) during infancy?</i>	28%	76%
Adequate number of high quality childcare settings available in the preschool years. <i>Did anyone share with you what to look for in childcare? What makes a good child care program and why it is important?</i>	51%	82%

Early Childhood Social Emotional development assessment resources readily available and known to referral services during the preschool years.	19%	75%
<i>Are you aware of available services for any concerns with your child's behavior or social/emotional health?</i>	29%	74%

***\*The following priority area identified for the Phase II parent sample only. Phase I results not included due to the variability of data collected during Phase I and tool administered:***

<i>Was your child screened for social-emotional, behavioral, or mental health (i.e., making friends, smiling, uncontrollable tantrums, having conversations, trying new things, aggression)?</i>	46%	82%
--	-----	-----

The following is a summary of the top priority areas identified based on Phase I and II data:

- Child and parent screening (depression screening and child screening for social-emotional, behavioral or mental health);
- Parents educated on characteristics and importance of high quality child care; and
- Parents are educated on the importance of early development including social-emotional development (e.g. attachment and bonding) during infancy, preschool and primary years.

## RECOMMENDATIONS

---

- Convene in-person community stakeholder group(s) to discuss results of stakeholder and parent survey responses. Begin action plan process.
- Coordinate Lincoln County community service agencies educational programming and resources to support families in the areas of domestic violence, coping with trauma, social-emotional development (prenatal, infancy, preschool and primary) and screening (depression and child social emotional).
- Offer educational classes to parents and direct care providers on specific strategies related to supporting children's social and emotional health and wellness (i.e., *The Pyramid Model for Direct Care Providers and Parents* trainings and *Circle of Security* parent education trainings).
- Develop a directory of early childhood mental health practitioners and agencies serving Lincoln County.

## APPENDIX A

### PARENT SURVEY

How many children do you have? \_\_\_\_\_ Zip code: \_\_\_\_\_

What are the ages of your children? (Circle all that apply)

Infant (0-18 Months) Toddler (18 months-age 2) Preschool (ages 3-5) School age (ages 5-8)

	How Important is this to you? 1=Not important 4= Very Important						
1. Was pregnancy health care available to you?	Yes	No	Don't Remember	1	2	3	4
2. While pregnant did anyone talk to you about the importance of stress management, nutrition, use of drugs, tobacco and alcohol and how it could impact your baby?	Yes	No	Don't Remember	1	2	3	4
3. Did you receive information about the benefits of breastfeeding?	Yes	No	Don't Remember	1	2	3	4
4. Were you ever screened or asked about using drugs?	Yes	No	Don't Remember	1	2	3	4
5. Was there breastfeeding support made available to you?	Yes	No	Don't Remember	1	2	3	4
6. After you had your baby did anyone screen you or ask you questions about post-partum depression?	Yes	No	Don't Remember	1	2	3	4
7. During well baby checks was your child screened for developmental milestones (i.e. turning head to locate sound for 2 month old baby)?	Yes	No	Don't Remember	1	2	3	4
8. Was your child screened for social-emotional, behavioral, or mental health (i.e. making friends, smiling, uncontrollable tantrums, having conversations, trying new things, aggression)?	Yes	No	Don't Remember	1	2	3	4
9. Have you received information about your child's social emotional development (i.e. attachment, bonding, making friends, problem							



solving, eye contact, smiling, etc.)? Prenatal (prior to birth)	Y	N	Don't Remember	1	2	3	4
Infancy (0-18 months)	Y	N	Don't Remember	1	2	3	4
Toddlers (18 months-age 2)	Y	N	Don't Remember	1	2	3	4
Preschool (ages 3-5)	Y	N	Don't Remember	1	2	3	4
Primary (ages 5-8)	Y	N	Don't Remember	1	2	3	4
10. Did anyone share with you what to look for in childcare? What makes a good child care program and why it is important?	Yes	No	Don't Remember	1	2	3	4

<b>How important is this to you?</b> <b>1=Not important</b> <b>4=Very important</b>							
11. Are you aware of or have access to services for the following needs?							
--Respite Care	Y	N	Don't Remember	1	2	3	4
--Financial Issues	Y	N	Don't Remember	1	2	3	4
--Domestic violence	Y	N	Don't Remember	1	2	3	4
--Parental mental health concerns or substance abuse	Y	N	Don't Remember	1	2	3	4
--Concerns with your child's behavior or	Y	N	Don't	1	2	3	4

mental health			Remember				
--Individual parent-child therapy	Y	N	Don't Remember	1	2	3	4
--Mental health or behavioral consultation or problems in childcare	Y	N	Don't Remember	1	2	3	4
--Group parenting classes for children with behavior difficulties	Y	N	Don't Remember	1	2	3	4
12. Does your child's school or teacher share what is going on at school?	Yes	No	Don't Remember	1	2	3	4
13. Do you feel your school or childcare is aware of how to identify behavioral or social-emotional issues in children?	Yes	No	Don't Remember	1	2	3	4

## **APPENDIX B**

---

### **COMMUNITY EARLY CHILDHOOD SYSTEM OF CARE (ECSOC) SELF-ASSESSMENT**

---

**Released 2012 and revised January 2015**

**[Link](#)**